

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		05-15-01
O.I.P.E. CLASSIFIER	ASD		6/4/01
FORMALITY REVIEW	SL	1081	02/10/01
RESPONSE FORMALITY REVIEW	Tequest	685	10-11-01

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted

☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ O Objected

Claim	Date	Claim	Date	Claim	Date
1	05-15-01	51		101	
2	05-15-01	52		102	
3	05-15-01	53		103	
4	05-15-01	54		104	
5	05-15-01	55		105	
6	05-15-01	56		106	
7	05-15-01	57		107	
8	05-15-01	58		108	
9	05-15-01	59		109	
10	05-15-01	60		110	
11	05-15-01	61		111	
12	05-15-01	62		112	
13	05-15-01	63		113	
14	05-15-01	64		114	
15	05-15-01	65		115	
16	05-15-01	66		116	
17	05-15-01	67		117	
18	05-15-01	68		118	
19	05-15-01	69		119	
20	05-15-01	70		120	
21	05-15-01	71		121	
22	05-15-01	72		122	
23	05-15-01	73		123	
24	05-15-01	74		124	
25	05-15-01	75		125	
26	05-15-01	76		126	
27	05-15-01	77		127	
28	05-15-01	78		128	
29	05-15-01	79		129	
30	05-15-01	80		130	
31	05-15-01	81		131	
32	05-15-01	82		132	
33	05-15-01	83		133	
34	05-15-01	84		134	
35	05-15-01	85		135	
36	05-15-01	86		136	
37	05-15-01	87		137	
38	05-15-01	88		138	
39	05-15-01	89		139	
40	05-15-01	90		140	
41	05-15-01	91		141	
42	05-15-01	92		142	
43	05-15-01	93		143	
44	05-15-01	94		144	
45	05-15-01	95		145	
46	05-15-01	96		146	
47	05-15-01	97		147	
48	05-15-01	98		148	
49	05-15-01	99		149	
50	05-15-01	100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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